Appendix B

NUCLEAR Form Number: NP 16-1-2 WASTE **Corrective Action Plan (CAP)** Sandia MANAGEMENT **PROGRAM** National Page ___ of ___ Laboratories 1. CAR No: CAP Author: Printed Name 2. CAP Proposed Corrective Actions: (Include attachments as needed) **Notes:** Each **CAQ** proposed corrective action must include the following: SCAQ's additionally require the following: Name of individual responsible for the action; Identification of the root cause of the condition, including documentation and results of the root Estimated completion date; cause determination (see section 2.4 for Remedial actions; additional items to address for recurring Investigative actions (extent of deviation and impact on quality); conditions); and Causal Code(s); and Actions to Preclude Recurrence. Actions to Preclude Recurrence (optional). 3. SNL WIPP Manager/Delegate Responsible for Corrective Actions: Date: Name: Print Signature Name: Date: Signature 4. QA Approval of Proposed Corrective Actions:

Forward Copy to Manager/Responsible Individual(s) & Send Original To QATSC